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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875Application or Docket Number
89/1668688

CLAIMS AS FILED – PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))	

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
	\$		\$
X \$	=	X \$	=
X \$	=	X \$	=
+ \$	=	+ \$	=
TOTAL		TOTAL	

CLAIMS AS AMENDED – PART II

		(Column 1)	(Column 2)	(Column 3)			
AMENDMENT A	CLAINS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY	
	Total (37 CFR 1.16(c))	* <i>20</i>	Minus	** <i>20</i> =	RATE	ADDITIONAL FEE	RATE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
AMENDMENT B	CLAINS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE
	Total (37 CFR 1.16(c))	* <i>3</i>	Minus	** =	X \$	=	X \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
AMENDMENT C	CLAINS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE
	Total (37 CFR 1.16(c))	* <i>3</i>	Minus	** =	X \$	=	X \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$	=	X \$	=
X \$	=	X \$	=
+ \$	=	+ \$	=
TOTAL ADD'L FEE	-	TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$	=	X \$	=
X \$	=	X \$	=
+ \$	=	+ \$	=
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PATENT APPLICATION FEE DETERMINATION RECORD				Application or Docket Number
Effective December 29, 1999				01160846
CLAIMS AS FILED - PART I				
(Column 1)		(Column 2)		
FOR	NUMBER FILED	NUMBER EXTRA		
BASIC FEE				
TOTAL CLAIMS	16	minus 20 =		
INDEPENDENT CLAIMS	4	minus 3 =		
MULTIPLE DEPENDENT CLAIM PRESENT				
* If the difference in column 1 is less than zero, enter "0" in column 2				
CLAIMS AS AMENDED - PART II				
(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	12	Minus	10	=
Independent	3	Minus	2	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
10.15.03				
CLAIMS AS FILED - PART I				
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	8	Minus	18	= 0
Independent	4	Minus	3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
4.9.04				
CLAIMS AS FILED - PART I				
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	9	Minus	10	=
Independent	5	Minus	5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.				